

Supplemental Application Data Sheet

Application Information

Application number::	10/572,667
Filing Date::	01/13/09
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1628
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	TREATMENT OF SEVERE DISTAL COLITIS
Attorney Docket Number::	C0875.70019US02
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	8
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Paul
Family Name::	Rufo
City of Residence::	West Roxbury
Country of Residence::	US
Street of mailing address::	35 Maxfield Street
City of mailing address::	West Roxbury

State or Province of Residence:: MA
Postal or Zip Code of mailing address:: 02132

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Wayne
Middle Name:: I.
Family Name:: Lencer
City of Residence:: Jamaica Plain
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 60 Louders Lane
City of mailing address:: Jamaica Plain
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02130

Correspondence Information

Correspondence Customer Number:: 23628

Representative Information

Representative Customer Number:: 23628

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/030813	09/20/04
PCT/US/2004/030813	An application claiming the benefit under 35 USC 119(e)	60/504,516	09/18/03

Foreign Priority Information

Assignee Information

Assignee name:: Children's Medical Center Corporation
 Street of mailing address:: 300 Longwood Avenue
 City of mailing address:: Boston
 State or Province of mailing address:: MA
 Postal or Zip Code of mailing address:: 02115